


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 08:00 AM Secretary of State

DOCUMENT # P03000118703


1. Entity Name
CHAVEZ BROTHERS LANDSCAPING, INC.



Principal Place of Business
**516 MARION AVE
 DUNEDIN, FL 34608**

Mailing Address
**516 MARION AVE
 DUNEDIN, FL 34608**

DO NOT WRITE IN THIS SPACE



04302008 No Chg-P CR2F034 (1/05)

4. FFI Terminal
2U 0366269

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHAVEZ, FRANCISCO N
 516 MARION AVE
 DUNEDIN, FL 34608**

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I, the above named entity submit this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Type typed or printed name of registered agent and date of approval) (NOTE: Registered Agent by name required to file statement) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 3, 2008 Fee will be \$550.00

9. Election Campaign Financing True Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHAVEZ, FRANK
STREET ADDRESS	516 MARION AVENUE
CITY-ST-ZIP	DUNEDIN, FL 34608
TITLE	VP
NAME	CHAVEZ, STEPHANIE
STREET ADDRESS	516 MARION AVENUE
CITY-ST-ZIP	DUNEDIN, FL 34608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000345644
05/30/08-80015-021 150.00

I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information included in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of this report.

SIGNATURE:  **4/29/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____

11. Filing Fee
 12. Filing Fee
 13. Filing Fee
 14. Filing Fee
 15. Filing Fee